



BMC Charity Care Program Guidelines for Eligibility			
Eligibility Designation	0 - 150% FPG	151% - 300% FPG	Over 300% FPG
Uninsured	100% Discount	90% Discount	70% Discount
Underinsured	100% Discount	90% Discount	Not Eligible Patient is responsible for balance after insurance
* Asset Limits may not exceed \$3,000 for the applicant and \$3,000 per each household member			
* Asset determinations do not include primary residence or primary automobile			

2021 Federal Poverty Level Guidelines										
Family Size	100% FPG		125% FPG		187.5% FPG		200% FPG		300% FPG	
	Annual Income	Monthly Income	Annual Income	Monthly Income	Annual Income	Monthly Income	Annual Income	Monthly Income	Annual Income	Monthly Income
1	\$12,880	\$1,073	\$16,100	\$1,342	\$24,150	\$2,013	\$25,760	\$2,147	\$38,640	\$3,220
2	\$17,420	\$1,452	\$21,775	\$1,815	\$32,663	\$2,722	\$34,840	\$2,903	\$52,260	\$4,355
3	\$21,960	\$1,830	\$27,450	\$2,288	\$41,176	\$3,431	\$43,920	\$3,660	\$65,880	\$5,490
4	\$26,500	\$2,208	\$33,125	\$2,761	\$49,689	\$4,141	\$53,000	\$4,417	\$79,500	\$6,625
5	\$31,040	\$2,587	\$38,800	\$3,234	\$58,202	\$4,850	\$62,080	\$5,173	\$93,120	\$7,760
6	\$35,580	\$2,965	\$44,475	\$3,707	\$66,715	\$5,560	\$71,160	\$5,930	\$106,740	\$8,895
7	\$40,120	\$3,343	\$50,150	\$4,180	\$75,228	\$6,269	\$80,240	\$6,687	\$120,360	\$10,030
8	\$44,660	\$3,722	\$55,825	\$4,653	\$83,741	\$6,978	\$89,320	\$7,443	\$133,980	\$11,165
Add the following amount for each additional person in the household.										
	\$4,540	\$378	\$5,675	\$473	\$8,513	\$709	\$9,080	\$757	\$13,620	\$1,135